
EXHIBIT A-1

CLAIM FORM

Coble, et al. v. Cohen & Slamowitz, LLP, et al.

United States District Court, Southern District of New York

Case No. 11-CV-1037 (ER)(GAY)

IMPORTANT! Prior to filling out this form, please review the “Notice of Class Action And Proposed Settlement” available on the settlement website at [web address]. To be eligible to receive money from the Settlement Fund pursuant to this Class Action Settlement you must follow all of the instructions in this Claim Form and provide all of the information requested below. Failure to provide all of the requested information may result in your claim being rejected.

You must mail your completed Claim Form to the address listed below, postmarked no later than [Claim Deadline]. **CLAIM FORMS POSTMARKED AFTER THE DEADLINE WILL BE REJECTED.** Claim Forms submitted to any location other than to the address listed below will not be considered.

1. Provide your name, address and phone number:

Claimant's Name (First, Middle, Last)

Current Street Address and Number

City, State Zip Code

(____) _____
Phone Number

2. Sign.

(Sign here)

(Date)

2. Return your COMPLETED Claim Form to:

[Administrator Address]

This address should only be used for submitting claims.

Note: If you do not fill out this claim form, you will still be included in the class action settlement, but you will not be eligible to receive any money. The Court in charge of this case still has to decide whether to approve the settlement. Payments will be made if the Court approves the settlement and after appeals are resolved. Please be patient.

Questions? Call [Administrator Phone Number]